\_X\_ 11. The following Filing Fee calculation is based on the claims filed less any claims canceled by the Preliminary Amendment of Item 10.

·					SMALL ENTITY RATE		LARGE ENTITY RATE		
BASIC FEE					\$380	<u>OR</u>	\$760	=	\$ 760.00
	NUMBER FILED			NUMBER EXTRA					,
TOTAL CLAIMS	<u>24</u>	-20	=	4(at least 0)	x 9	<u>OR</u>	x 18	=	+\$ 72.00
INDEP. CLAIMS	_2	- 3	=	(at least 0)	x 39	<u>OR</u>	x 78	=	+\$
If any <u>proper</u> multiple dependent claim (ignore improper) is present (Enter \$0.00 if this is a reissus application.)					+\$130	<u>OR</u>	+\$260	=	+\$
If assignment is x'd (item 6), add recording fee \$40.00									s
Attached is a Rule 47 Petition (inventor refuses to sign or cannot be reached) \$130								+\$	
TOTAL FILING FEE								-\$ 832.00	

- \_X\_ 12. A check in the amount of \$832.00 to cover the Filing Fee calculated in Item 11 is attached. Please charge any deficiency or credit any overpayment to Deposit Account No. 10-0447.
- 13. Please charge my Deposit Account No. 10-0447 in the amount of \$\_\_\_\_ to cover the Filing Fee calculated in Item 11. This sheet is attached in duplicate.
- The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and may be required under 37 CFR 1.16-1.18 (missing or insufficiencies only) now or hereafter relative to this application and for the resulting Official Document under 37 CFR 1.20, and to have and cause any necessary petition for extension of time to be filed and any fees necessary to be paid for said extension of time OR credit any overpayment to our Deposit Account No. 10-0447, for which purpose a